

CORPORATE CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: June 06, 2022

CLIENT INFORMATION

Your Name: Bernstein Family Realty, LLC

Home Address: 2753 NW 34th St.

City: Boca Raton State: FL Zip Code: 33434

Home Phone: _____ Cell Phone No: 561-886-7628

E-mail Address: jjdbfr@gmail.com

Soc. Sec. No: EIN #26-2735064 Date of Birth: _____

Driver's License No.: _____ State of Issuance: _____

Other names you have been known by: BFR

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

Nature of matter / reason for seeking consultation with our office: Involuntary BK

Your position/status with entity (for example, President, shareholder, member, etc.): Manager of BFR

How did you hear about our office: Bruce Jacobs, Ed Vallejo and Luanne Fleming

CPA or TAX ADVISOR

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Facsimile No: _____

E-mail Address: _____

New Corporate Client Information Form

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OTHER BUSINESS PARTICIPANTS

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Facsimile No: _____

E-mail Address: _____

Relation of this person to you: _____

Is this person represented by an ATTORNEY in this matter? Yes No

If YES, please answer the questions below:

Name of Attorney/Firm: _____

City where office located: _____ Phone: _____

Indicate if this attorney has:

Ever provided advice or other services to you?

Yes
 Yes

No
 No

Talked with you in person or by telephone?

Sent a letter or other written communication to you?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Facsimile No: _____

E-mail Address: _____

Relation of this person to you: _____

Is this person represented by an ATTORNEY in this matter? Yes No

If YES, please answer the questions below:

Name of Attorney/Firm: _____

City where office located: _____ Phone: _____

Indicate if this attorney has:

Ever provided advice or other services to you?

Yes
 Yes
 Yes

No
 No
 No

Talked with you in person or by telephone?

Sent a letter or other written communication to you?

CLIENT SIGNATURE

DATE

BY: Eliot Bernstein

ITS: Manager

CLIENT SIGNATURE

DATE

BY: _____

ITS: _____

Signature: Eliot Ivan Bernstein
Eliot Ivan Bernstein (Jun 6, 2022 19:31 EDT)

Email: iviewit@iviewit.tv